NOTICE OF TERMINATION

OF COVERAGE UNDER THE GENERAL PERMIT FOR CONCENTRATED ANIMAL FEEDING OPERATIONS WITHIN THE COLORADO RIVER BASIN REGION

ORDER NO. R7-2013-0800 NPDES NO. CAG017001

Submission of this Notice of Termination (NOT) constitutes notice that the owner / operator of the facility / project identified on this form is no longer authorized to discharge under Board Order No. R7-2013-0800, National Pollutant Discharge Elimination System (NPDES) Permit No. CAG017001.

Name:			Mailing Stree	et Address or P.O. Box:
City:		State:	Zip Code:	P.O. Box
Contact Name	e:	Title:	Phone:	Email Address:
A. Indica on the	The Discharger had enrollment under the been cleaned or process wastew all the manure off Discharge of effluences.	mination of the per checking the box.) as ceased operation he General Board (out and there is no vater. The standard the coral areas, and	n at the facility and is a Drder. The discharge remaining potential for procedure shall included filling in the contains another NPDES ger	requesting to terminate er shall ensure that the facility or a discharge of manure, litter ude, but not limited to, scraping ment pond with clean dirt. neral permit or an individual te coverage began below.)
3.	NPDES Permit No There is a new ow		Date Coverage Beg e identified facility. (C	an: Complete all additional items
	below.)	·	• \	
red		red in the Permit. (A	er / operator of the NF Attach copy of letter s	sent by discharger to new
Da	ate of Notification let	ter:		

I.

WDID Number

Enter your WDID No. in the space provided:

	vide new owner / operator co	ice of Intent for enrollment. Permit intact information below:
Name:	Mailing Addr	ess:
Email Address :	Phone No.:	
IV. CERTIFICATION		
CAG017001 and (b) this document supervision in accordance with a stand evaluate the information submissivem, or those persons directly to the best of my knowledge and be	at and all attachments were prosystem designed to ensure that it is a second or my inquiry of responsible for gathering the intelligent of the properties.	at qualified personnel properly gather the person or persons who manage the nformation, the information submitted is
Printed Name:	Title:	
Signature:	Date:	
•	mination to the Regional Wate	r Quality Control Board at the following
address: Califo	ornia Regional Water Quality (Colorado River Basin Reg 73-720 Fred Waring Drive, Si Palm Desert, CA 9226	gion uite 100
FOR REGIONAL WATER BOA	RD USE ONLY	
Approved for Termination	Denied a	nd returned to Applicant
nted Name:	Signature	Date:
ason for Denial, if applicable:		